INSTITUTION			THE DIVISION OF HEALTH OF MISSOURI		20045		
1. PLACE OF DEATH  2. COUNTY  2. COUNTY  3. STATE  7. MARRIED   Inside Limits  7. STATE  7. OR  7. O		ENED HIN 24 1057	STANDARD CERTIF	STANDARD CERTIFICATE OF DEATH		STATE ELE NIMOSO	
D. COUNTY Good Processing of the County for the Street of the Str			ion District No	mary Registration District No			
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STATE   STATE   STATE   CAUSE OF DEATH   CAUSE   STATE   CAUSE OF DEATH		TOWN Columbi	Yes UK No []	OR // _/_	mbin pl	ال سـ	
3. PANNE OF DECEASED (Type or print)  S. SEX    D. S. COLOR OR RACE   T. MARRIED   REVER MARKED   8. DATE OF BIRTH   D. S. C. (In years)   Mountain Yaka   Unders year.		HUSPITAL OR	10 1			<i>1</i> ' 1	
5. SEX		DECEASED	Middle LANG		4. DATE Month	Day Year	
13. FATHER'S NAME	5. 3	<del></del>	WIDOWED DIVORCED	June 3 1957	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES:   16. SOCIAL SECURITY NO.   17. INFORMANT   Address Deputy Invalue Company   17. INFORMANT   IN		during most of working life, even if reti	red)	11. BIRTHPLACE (City and state or	country) 0 12. CITIZE	ON OF WHAT COUNTRY!	
(1) The Conditions, if any, which gave rise to double of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a).  NENCE PHANT  Conditions, if any, which gave rise to above cause (a).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. WAS AUTOPSY FRORMED PROPOSED.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. WAS AUTOPSY FRORMED PROPOSED.  10. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20. TIME OF Hour Month, Day, Year INJURY a.m., p. m.  20. TIME OF Hour Month, Day, Year INJURY a.m., p. m.  20. TIME OF Hour Month, Day, Year INJURY a.m., p. m.  20. TIME OF HOUR MONTH MONTH, Day, Year INJURY a.m., p. m.  20. TIME OF HOUR MONTH MONTH, Day, Year INJURY a.m., p. m.  20. TIME OF HOUR MONTH MONTH, Day, Year INJURY a.m., p. m.  20. TIME OF HOUR MONTH MONTH, Day, Year INJURY (c. g., in or about home, p. m.  20. TIME OF HOUR MONTH MONTH, Day, Year INJURY (c. g., in or about home, p. m.  20. TIME OF HOUR MONTH MO		VICTOR CLAR	ence Kapplema	V BETTY	JAne	CocNEAN	
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Stating the under last. Due to (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. Time of Hour Month, Day, Year INJURY a.m. D.m.  20d. INJURY a.m. D.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE INTO MORK INJURY (e. e., in or about home, WHILE AT AT WORK INJURY (e. e., in or about home, WORK INJURY OCCURRED INJURY (e. e., in or about home, WORK INJURY OCCURRED INJURY (e. e., in or about home, WHILE AT AT WORK INJURY (e. e., in or about home, WHILE AT AT WORK INJURY (e. e., in or about home, WORK INJURY OCCURRED INJURY (e. e., in or about home, WHILE AT AT WORK INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, WHILE AT AT WORK INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e., in or about home, VICTOR OF INJURY (e. e.,		PART 1. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE  Conditions, if any.  which gare rise to	» ANENCEPHA				
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m.  20d. INJURY OCCURRED WHILE AT NOT WHILE OF INJURY (e. g., in or about home, part, factory, street, office bldg., etc.)  21. I attended the deceased from 6-3-57 to 6-6-57 and last saw her alive on 6-6-7 Death occurred at 10-94 months date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE (Degree or tille)  22b. ADDRESS  22c. NAYE OF CEMETERY OR CREMATORY  23d. LOCATION (City, fourn, or county)  (State)  REMOVAL (Specify)  ADDRESS  25. DATI FECD. BY LOCAL REG. 26. REGISTRAS SIGNATURE  June 18 1957  Was REGISTRAS SIGNATURE	CATION	stating the under- lying cause last. DUE TO	<del></del>	TO THE TERMINAL DISEASE CONDITION		PERFORMED?	
20c. TIME OF Hour Month, Day, Year INJURY a. m.  20d. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK  21. I attended the deceased from 6-3-57, to 6-6-57, and last saw her alive on 6-6-57  Death occurred at 10-94, month date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE  (Death occurred at 10-94, month date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE  (Death occurred at 10-94, month date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE  (Death occurred at 10-94, month of the best of my knowledge, from the causes stated 22a. SIGNATURE  (Death occurred at 10-94, month of the best of my knowledge, from the causes stated 22a. SIGNATURE  (Death occurred at 10-94, month of the best of my knowledge, from the causes stated 22a. SIGNATURE  (Death occurred at 10-94, month of the best of my knowledge, from the causes stated 22a. SIGNATURE  (Death occurred at 10-94, month of the best of my knowledge, from the causes stated 22a. SIGNATURE  (State)  23a. Burial, Cremation, Product of the best of my knowledge, from the causes stated 22b. Date SIGNATURE  (State)  23b. Date SIGNATURE  (State)  24. Funegal Director  Address  25. Date feecd. By Local Reg. 26. Registrate Signature  24. Funegal Director  Address  Jume (1957)  Mus RE Palmax	ERTIFI		_ •	EO. (Enter nature of injury in Pa			
WHILE AT NOT WHILE AT WORK   farm, factory, street, office oldg., etc.)  21. I attended the deceased from 6-3-57 to 6-6-57 and last saw her alive on 6-6-57  Death occurred at   O   A   m on the date stated above; and to the best of my knowledge, from the causes stated    22a. SIGNATURE   (Deglet or tille)   22b. ADDRESS   22c. DATE SIGNED    23a. BURIAL, CREMATION,   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (State)    REMOVAL (Specify)   66/37   Dept. STPATO   STPATO   Dept. STPATO   STEATORY   25c. REGISTRAL SIGNATURE    24. FUNEBAL DIRECTOR   ADDRESS   25c. DATI PECD. BY LOCAL REG.   25c. REGISTRAL SIGNATURE   2	DICAL	INJURY a.m.	(ear	•		•	
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Death occurred at	ſ	21. I attended the deceased from 6-3-57, to 6-6-57 and last saw her alive on 6-6-57					
23a. BURIAL, CREMATION.  23a. BURIAL, CREMATION.  REMOVAL (Specify)  Company County (State)  23b. Date (State)  Company County (State)  24. FUNERAL DIRECTOR  ADDRESS  25. DAT BECD. BY LOCAL REG.  26. REGISTRAY SIGNATURE  June 18 19 5 7 Mrs RE Palmax	ļ	Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.					
REMOVAL (Specify)  REMOVAL (Specify)  24. FUNEFAL DIRECTOR  ADDRESS  Dept. of Paths of the Uniform State of Signature  Land H. Sugar 4. D  June 18 1957 Mus RE Palmax		Walter Ra	Acquest MD	Univ of Mo. n	Cedial Center	22c, DATE SIGNED	
24. FUNEBAL DIRECTOR ADDRESS 25. DAT BECD. BY LOCAL REG. 26. REGISTRAD SIGNATURE  June 18 1957 Was RE Palmar	a	REMOVAL (Specify)	7 Dept. 51 Paka	REMATORY 23d. LOCAT	ON (City, town, or county)	(State)	
	_			<i>'0</i>		rety	
			(Licensed Embalmer's Statem				

STATEMENT BY LICENSED EMBALMER

When the state of the control of t

working under my personal supervision..

Student Signature of Student Embalmer

Licensed Embalmer No.

....., Student Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.